

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10739084</div>		Filing Date	
				Applicant(s)			
				* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	1					
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Total Indep	3					
Total Depend	16					
Total Claims	19					

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	Indep	Depend	Indep	Depend	Indep	Depend
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